				D STATE DEPARTMENT OF		
1		16868		301 W. PRESTON STREET, BAL' CERTIFICATE OF DEATH	IIMUKE, MAKTLAND ZIZUI	17884
O HOSPITAL OR ATTENDING PHYSICIAN: The flaw requires that the death certificate be executed within 24 haurs after death.  Page 4 may be retained by the hospital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbot pagers. Pages 1 and 2 shauld be filled with the State Dept. at Health priar to burial, cremation, ar remayal, and in any event within schours after death.		CEASED-NAME First ype or print) Gilb	Middle	CHASE	20. DATE OF DEATH  Dec Month 30°	1967 2b. HOUR
fund s 1 s	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
the the age:		Male	Negro	Dec.28,196	γRS.	MONTHS OAYS HOURS MIN
by Py Pour	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
a dir			USA	WIDOWED DIVORCED	CHARLES  JAL OCCUPATION (Kind of work done	Md
campletely filled in by the funeral nave carbot pages. Pages 1 and 2 y event within 2 hours after death.	10. (	La Plata	11. NAME OF HOSPITAL OR IN: give street address) Physicians	Mem. Hosp.	nact of working life, even if retired.) Infant	12b, KIND OF BUSINESS OR INDUSTRY
director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon should be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event with the state Dept.	13a. odm	USUAL RESIDENCE (Where deceose ission) STATE	d lived, if institution: Residence before 13b. COUNTY Charles	Bel Alton YES	NO.	
any	14, 1	ATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME		Last
d l		Joseph	Chase	Elean	or	Hawkins
	16a.	WAS DECEASED EVER IN U.S. ARM es, no, ar unknawn) (If yes give wo	or ar dates of service)		Address	
ian, ar remaval, and i	=	NO	None		e Bel Alton Ma	APPROXIMATE INTERVAL
		1B. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (a), (b) and (c). BY:	Partoria)		BETWEEN ONSET AND DEATH
jo di			TE CAUSE (o)	3 courses		10000
figur		Canditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF	now of wito	- 1 H 12 04	17-28-67
		rise to immediate couse (a), (	DUE TO, OR AS A CONSEQUENCE OF	cern and any	MINING	10-00
5		stating the underlying couse last.	(c)		O	
	ı	PART 2. OTHER SIGNIFICANT CON		OT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(a)	
0	-					
	CERTIFICATION	190. DATE OF OPERATION 196. C	CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
3	M			YES NO	CAUSES OF DEATH?	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			ter nature of injury in Port 1 or Port 2,	item 1B.)
	MEDICAL	(If either, notify medical examin	ar) P.M. 1	0		
	Mi	21d. INJURY OCCURRED 21e. While Not while to work	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street or R.F.D. M		County State
		22a. I certify that (I) (thi	s haspital) attended the deceas		, ta, 19 pinian death accurred an the da	
2		saw the deceased al	(did) (did nat) view the	bady after death.	pinian aearn accurrea an the ao	re and nour and tram in
		22b. SIGNATURE	12			DATE SIGNED
	L	11 Av	1 delle	DEGREE PHYS.	DIRECTOR PHYS.	1.21-67
		22d. PHYSICIAN'S		22e. ADDRESS		
1		NAME (Type) E J	EDELEN, M.D.	La Plata		
	230	BURIAL, CREMATION, 23b. [		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
2			n.1,1968 St.I	gnatius	Chapel Point,	Charles, Md.
5 (4)		FUNERAL DIRECTOR	ADDRESS	****	BY REGISTRAR'S	
V. 1/68	AT	ehatt Funera	1 Home Inc. La	Plata, Md. DAWAN	10 19RR Miles	Pa Tingo

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		78mm - 780 m	Server of the		

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16869 16863 CERTIFICATE OF DEATH Middle Last 20 DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First December 1027, 1967 (Type or print) ALICE CECELIA 6. AGE (In years 4. RACE S. DATE OF BIRTH IF UNDER I YEAR IF CINDER 24 HRS 3. SEX Female Negro October 10,1915 requires that the death certificate be executed within 24 haurs. 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIE XXX NEVER MARRIED "Waryland Charles U.S.A. DIVORCED [ WIDOWED [ hin 72 completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Hodwing most of working life teven if refired.) Marming La Plata Memorial burial, crematian, or remaval, and in any event, witl 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? Maryland 13b. County rles Wicomico Rural 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle (Unkown) Jack Campbel Estelle physician ( 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) Dora Aligen Thomas -Chaptico, Md None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES P 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. Month Day OR CONTRIBUTING CAUSE OF CEATH (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while at work OR ATTENDING 220. I certify that (I) (this haspital) attended the deceased from 12-26-67, 19 , to 12-27-6719 , that (I) (we) lost sow the deceased alive on 62-27-6719 , and that in (my) (our) opinion death accurred on the date and hour and from the couses stored obove, (I) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. DIRECTOR 22d. PHYSICIAN'S 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION. 23b. DATE 12/30/1967 Maryland BENDYAL & PICITY) St. Mary's Cemetery Newport 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 30M REV. 1268 Arehart Funeral Home, Inc .- La Plata, Md. DATEJAN

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16870 CERTIFICATE OF DEATH 17891 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. STATE o. COUNTY **6 COUNTY** CHARLES MARYIAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) requires that the death certificate be executed within 24 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS ive carban papers event, within 72 h ON A FARM? YES T NO NAME OF Middle 4. DATE Lost Month Year Dov DECEASED OLE 190 (Type or print) DEATH NEVER MARRIED S. SEX 6 COLOR OR RACI IF UNDER 1 YEAR IE LINDER 24 HRS 7. MARRIED irthdoy) Months Dovs Rours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired? INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LICE 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES NO TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While 21. I certify that (I) (this haspital) attended the deceased from 12e deceased fram 12-18, 1907, ta 12-21, 1907, that (1) (we) last saw the deceased alive an\_ 22o. SIGNATURE 226. DATE SIGNED M.D. PHYS. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) director, Should be 23o. BURIAL, CREMATION, REMOVAL (Specify) 23c, NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) (Stote) 24. FUNERAL DIRECTOR VR A15 (4 224 Pomonkey. Md. liantes

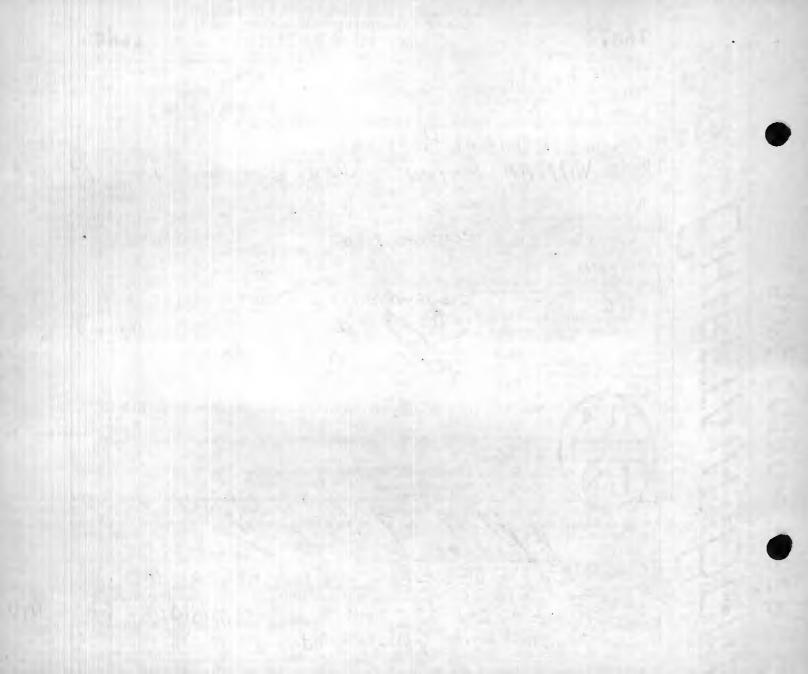
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<u></u>		Division of STATISTIC		MARYLAND STATE DE ARCH AND RECORDS, 30			LAND 21201	
FOR STATE		16871		ICAL EXAMINER'S			1686	4
HEALTH DEPT.	1.	PLACE OF DEATH a. COUNTY LARRES		MARYLAND	o STATE MA	b. COU	tion: Residence bef	
2, and 3 to PM3. Page partpent of affect of a feet of a		b. CITY OR TOWN (II autside carparate limits, write RURAL and giv) nearest town)		c. LENGTH OF STAY IN 16		le carparate limits, write RU	RAL and give near	
form Ph. If any form Ph. 2, of form	1	NAME OF HOSPITAL OR INSTITUTION UP not in	n hospital, g	ive street address)	d. STREET ADDRESS	7,777		e. IS RESIDENCE ON A FARM? YES NO
r death ve Pag y with the St	3.	NAME OF DECEASED (Type or print) FRANK	E	DWARD CO	NNCLL 4	DATE Mon OF DEATH	th Do	y Year 7
rs after 18. Gi e alang 2 with nt withi	S.	1/1	MARRIED WIDOWED		8. DATE OF BIRTH  JULY 9, 188	9. AGE (In years last birthday) yrs.	IF UNDER 1 YEAR Manths Days	
24 haurs in Item 18 r's Office os Jand 2 v	10c dur	n USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. Ki	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (State or	fareign country)  ADC	12. CITIZEN ( COUNTRY	OF WHAT
J within 24 n pencil in 1 Examiner's (Examiner's File pages File pages Band in any	13.	FATHER'S NAME WILLIAM E.	Con	NELL	14. MOTHER'S MAIDEN NAM	· · ·	RD07	
xecuted in Medical Experimit. Firemayal, an	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no or ynkogwn) (If yes give war ar dales af si		SOCIAL SECURITY NO. 17. 1	MFORMANT OSE CONA	Addre	ess PLAINS	94 .
be executed "pending" ir nief Medical ( ansit permit. I or remaval, o		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	11	(a) (b), and (c).)	my Oca	luica	-	NTERVAL BETWEEN
shauld be e ne ward "per ta the Chief ! burial-transit matian, or re		Ganditions, if any, which gave (b) rise to immediate cause (a),	-	You but	fre			1
certificate shauld be executer writing the ward "pending" arwarded to the Chief Medical used as a burial-transit permit.		stating the underlying couse (c)			(			
This certificate shauld cote, writing the ward be farwarded to the Che used as a burial-tre to burial, cremation,	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(o)	18	PERFORMED?  YES NO
INER: This certificate shauld be executed within 24 e certificate, writing the ward "pending" in pencil in shauld be farwarded to the Chief Medical Examiner's files.  3 shauld be used as a burial-transit permit. File pages int, prior to burial, cremation, or remayal, and in any	IL CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.		SCRIBE HOW INJURY OCCURRED.				
	MEDICAL	20t. TIME OF INJURY Month, Doy, Year Hour a.m. 12/3 1967		Not While I fact	E OF INJURY (Hame, farm, op, street, office bldg., etc.)	20f. (City of town)	(County)	(Stote)
rcal Exa tar. Page and far you CTOR: Page ignated a		21. I certify that I took charge of death resulted from Natural (			ld an Autopsy, ide, Hamicide	Inspection, Inqu J, Undetermined m	,	id in my opinion
W MEDICA please ex al director. retained f		ACTUAL SIGNATURE (Chile			CHIEF MEDICAL EXA	EXAMINER -	APLATA,	22. DATE SIGNED
necessary, please execute the funeral director. Page 4 5 may be retained far your to FUNERAL DIRECTOR: Page Health ar its designated age	00	EXAMINER'S E.J. E	DEL			XAMINER (4)	12-	18-67
TO DI nece the 5 mi 5 mi	230	BURIAL, CREMATION, 23b. DATE THERE SMOVAL (Specify) 12-21	-67	23c., NAME OF CEMETERY OR WASH. NAT	Cen.	23d. LOCATION (City or To	D. P.C	MD-
VR ATSME (5)	4	WAST FUNEDAL &	Jon	= WALTINEE	MD DATE DEC	REGISTRAR 1967 <sup>25b.</sup> RE	DOWAR JUNAR	July 1

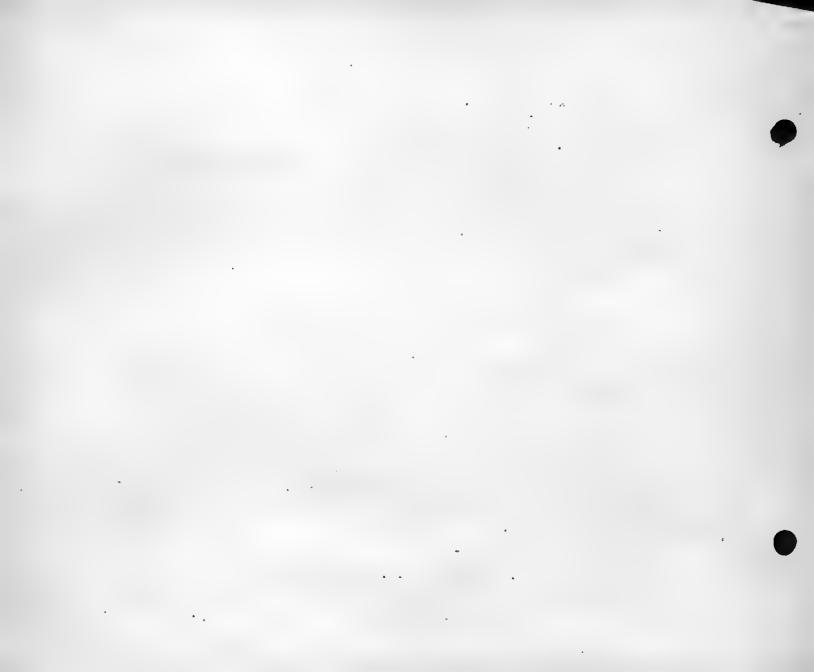
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_ 1	MARYLAND STATE DEPARTMENT OF HEALTH
- 2-2	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 16865
e funeral and 2 er death.	1. PLACE OF DEATH  a. COUNTY  Charles  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  a. STATE  MARYLAND  A. STATE  D. COUNTY  Charles  MARYLAND
hours after in by the life. Pages 1 2 thur after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  ATA  ATA  ATA  ATA  ATA  ATA  ATA  A
2 (業量で) 65	O. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS  O. IS RESIDENCE ON A FARM?  YES A NO
completely ve carbon p event, with	3. NAME OF DECEASED (Type or print) WILLIAM GWYNN DAVIS DEATH 12 1967
executed wind and comple remove carlinary event,	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 Hrs. Months Days Hours Min.
C .=	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  CARPENTER  CONSTRUCTION  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  COUNTRY?
phy al,	13. FATHER'S NAME  WYNN DAVIS  14. MOTHER'S MAIDEN NAME  VNKNOWN
death certifi ne attending permit. Ther ion, or remov	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 212-16-4810 Ot S DAVIS WITE PLANS Md
t the dan. by the ansit pu	18. CAUSE DF DEATH [Enter only one cause per ting for (a), (b) and (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  INTERVAL BETWEEN ONSET AND DEATH.
Page 4 may be retained by the hospital or attending physician.  Page 4 may be retained by the hospital or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burial, cremation, or	conditions, If any, which ) DUE TO Den aut See
w requi	gave rise to immediate cause (a), stating the DUE TO underlying cause last. (c)
N: The la tal or att ificate ha for use Health p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NOT CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN: The law r the hospital or attend in this certificate has the detached for use as the Dept. of Health prior	
DING PHY of by the After this of be deta state De	2Dc. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)  Hour a.m.   While   Not While   at work   at work   19   At work
TTENDIN tained TOR: Al should th the S	21. I certify that (I) (this hospital) attended the deceased from
AL OR A AL OR A LA DIRECTOR DI	228. SICNATURE  MED. DIRECTOR STAFF  226. DATE SICNED  MED. DIRECTOR PHYS.
Page 4 may be retaine TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	22c, PHYSICIAN'S EJ. EDELEW 22d, ADDRESS PLATA, MD
To the state of th	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  PART OF COUNTY) (State)  24. FUNERAL DIRECTOR ADDRESS. 125a. REGISTRAR 25b. REGISTRAR 3 SIGNATURE
VR A15 40	HONTT FUNERAL HOME WALDER, Md DATEDEC 28 1961
1)	

DUSTRICOS FURNOS, ING., DALIMONE, MO. 2120:



man real	MAKILAND STATE DEPARTMENT OF HEALTH	
( A A	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17906	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH SPEPT.	1 DECEASED NAME First Middle Last 2a DATE KNOWN X Manth Day Year 2b	Hour
\$ 0 m (\$ 1	(Type or Print) JOHN BERNARD DAY (PRESUMPTIVE IDENTIFICATION)  OF EST. DEATH MATED 12-22 19 67	N
5 m & m	3 SEX 4 RACE S DATE OF BIRTH 6. AGE in yours 1 Funder 7EAR 1 DINGER 24 HKS 2C, DATE PRONOUNCED DEAD 2d	HOUR
y delay is ond 3 to PM3 Page arthment of	Male Negro 4/15/49 last birthday) MONTHS DAYS HOURS MIN Manth 12 Doy 22 Year 1967 8	A M
2, PH	7a BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? / 8 MARRIED NEVER MARRIED 1 9 COUNTY OF DEATH	///
form form	CHARLES WIDOWED DIVORCED CHARLES	44.
Poges vith for With f	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINES)	S OR
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offer de 3. Give   olong w	27 of a property and a late of the state of	
	odm ssian) STATE THOUAN /ARAO OUNTY CHARLES MARYLAND YES NO	
Hours Item 11 Office I and 2 offer d	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First , Middle D Lost	
A C N W	JOHN Edward JAJ LENA MARY GUEEN	/
h n 24 ncil n niner's pages hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MOTHER ADDRESS EAST HOPPER	シ,
with n pencil xamine xamine 72 hou	(Yes, no, or unknown) (Hyes give wor or doles of service) Lena M. Queen LANC Indian Hea	d, 14
	18. CAUSE OF DEATH (Enter only one couse per time for (a), (b) and (c))  APPROXIMATE INFER BETWEEN ONSET AND	
be executed "pending in itel Medical E inst permit F event within	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Extensive thermal burns	J. A. III
e execut pending of Medici sit perm	DUE TO, OR AS A CONSEQUENCE OF	
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word word the Ch	sse to immediate cause (a), (D) DUE TO, OR AS A CONSEQUENCE OF	
should be en word "per to the Chief I buriol-tronsit	lost (c)	
the state st	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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certifi , writi arwar used mavol	190 DATE OF OPERAT ON 196 CONDITION FOR WHICH OPERAT ON 20. AUTOPSY?	
is certificate to, writing the farwarded to e used as a remayof, and	S WAS PERFORMED?	10 🖂
14 14 14 14 14 14 14 14 14 14 14 14 14 1	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)	<u> </u>
T T T		
INE sho sho file: 3 sh	PR MARY TO OR CONTR. BUTING 4: 10-14	State
(AMINER: te the certifie of should four files. oge 3 shou	forday, affice building, etc.) Displaced Vacant	Md.
ICAL 1 exector. Port Port Port CTOR:	22a. I certify that I taak charge of the remains described abave, he dign Autopsy (X), Inspection [], Inquiry [], and in my a death resulted from: Natural causes [], Accident [X], Suicide [], Hamicide [], Undetermined manner []	pmian
olease e d recto etained DIRECT		
dr dr dr or t	ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER XI 22b. DATE SIGNED	
ry, ple eral d be rett RAL D	SIGNATURE LANDING	
O DEPUTY necessary, p the funeral 5 may be re 0 FUNERAL Health prior	EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, lawn, ar county)	
The state of the s	230 BURIAL, CREMATION. 236 DATE 236 NAME OF CEMETERY OR CREMATORY 230 COATION (City or Town) / (Caynty) (State)	,
()	GREMOVAL (Specify) 3-25-68 ST. Joseph 1 Janker Charles Mi	1
	24 F. NERAL DIRECTOR ADDRESS AND PECINTERS - 125K PECINTERS SIGNATURE	
VR A15ME (9)	Mc CRIMMON FUNERAL Home, POMONKEY, DATIMIAK 22 1968	



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	1		6873	DIVISION OF VI				E, MARYLAND 21201		
*	, ====				CER	TIFICATE OF D	EATH		16866	
	年 - 2年/1		CEASED-NAME  ype or print)	First	Middle	last	2a. 1	DATE OF DEATH Month	Day Year	2b HOUR
	death death	- (	The or billing	Crey	k/.	Diman		DEC	9 67	4 PM
	ter for	3. SI	X	# RACE	-	S. DATE OF BIRT	/ .	6 AGE (in years last birthday)	F UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS HOURS MIN
	s af	1	M	wh	ile	1/27	/	77 Y	RS.	Notes Man
	24 haves after death ed in by the funeral ppers Pages Vand 72 bours after death	a l cou	IRTHPLACE (State or foreign	76. CITIZEN OF WHAT	COUNTRY? 8 N	IARRIED 🔲 NEVER MARKI	EU	NTY OF DEATH		
	d in d in		"Ilassi	1 1		DOWED DIVORCE		Charles		Md
	requires that the death certificate be executed within 24 haurs after deat glaphysician.  signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages Jand burial, cremation, or remavel, and in any event, within 72 pours ofter death	10 (	La Plata	give stree	OF HOSPITAL OR INSTITUTE address)	Memoire Hospital		PATION (Kind of work do varking life, even if retired		BUSINESS OR
	d w lete carb	13a	USJAL RESIDENCE (Where de	prensed lived if institution	Peridence before 13r	CITY OR TOWN 13	a. Inside City Limits?	13e. STREET AND NUMBER	1 .	
	cute omp omp eve	adm	State Thanistan	rd 13b. COUNTY Ch	orles Co	bb Island	res 🔲 NO 🔀			
	exe emo any	14	ATHER'S NAME First	Middle	Last	15. MOTHER S MAID	DEN NAME First	Middle	011	Last
	De n cr	-4	POSTDINE	7	DIMAN	17 -	ORGIAN	7 2 7 111	Del C	APNIRE
	physician hen please han please		WAS DECEASED EVER IN U.S. es, na, or unknown) [14 yes	ARMED FORCES? 16	b SOCIAL SECURITY NO	17 INFORMANT	1	Address	1.20	/
	phy en av			- 5	77-11-2	A Wm 5	2° 12 3.X	N-The	, ADDONY	MATE INTERVAL
	equires that the death certiff physician. signed by the attending phy burial-transit permit. Then burial, crematian, or remav≡		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per line f	ar (a), (b), and (c))	in Olen				NSET AND DEATH
	leat hend mit.		. IMA	MEDIATE CAUSE (a)		nymen	30		24	homo.
	he of per tion		Conditions, if any, which g		CONSEQUENCE OF	1/2/15	-	to the	1.	7
	at the state of th		rise ta immediate cause (	(a), (b)	mera	grance (	uncino	rus aux	run	-
	physician physician signed by the burial-transit burial, cremal		stating the underlying collect.	USB DUE TO, OR AS A	CONSEQUENCE OF					
	physical signed burial burial			CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RE	LATED TO THE TERMINAL I	DISEASE OR CONDITIO	ON GIVEN IN PART 1(a)		
	red o sistema o	L	The state of the s	CONDITIONS CONTINUES ON				or wrong it river it al		
	law ndin bee s th ior t	Į.	19a. DATE OF OPERATION	19b, CONDITION FOR WHICH	OPERATION WAS PERFOR	MED 20a. AUTOPS	i <u>r</u> 2—	20b IF YES, WERE FINDING	SS CONSIDERED IN CE	RTIFYING
	The law re attending has been se as the ith prior to	CERTIFICATION				YES P	NO 🗆	CAUSES OF DEATH?	yeo.	
	n ar	E E	21a. ACCIDENT WAS UNDER			21c. HOW INJURY OCCU	RRED (Enter nature	af injury in Part 1 or Part	2, Item 18.)	
	ICIA pital dific af H	MEDICAL	OR CONTRIBUTING CAUSE OF	xaminer) P.M.	Manth Day Year 19					
	ENDING PHYSICIAN: 1 aed by the haspital ar R: After this certificate uld be detached far us the State Dept. af Healt	¥	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT	HOME FARM, STREET, FACTORY,	21f. LOCATION Street	ar R.F.D. Na.	City or Town	Caunty	State
	the this detc		at wark at wark							
	be Stat		22a. I certify that (I) saw the decease	(this hospital) attend	led the deceased for	ram 12 - 19	, 19 <u>67</u> ,	ta 12-15,	19.62, that	(I) (we) last
_	R: A		saw the decease	a olive on/ oave, (l) (we) (did) (di	d nat) view the bad	ofter death.	(our) opinion c	reom occorred on me	dore una nour	ong from the
	be retained be retained blrECTOR: A ge 3 shauld led with the		22b SIGNATURE	nin			LUCD	STAFF 2	22c. DATE SIGNED	- ~-
	OR be r be r olk be r olk be r olk be 3 ed w		TI	Tollias	-	DEGREE PHYS	MED DIRECTOR	STAFF PHYS.	12-2/-	-67
	Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		22d. PHYSICIAN'S NAME (Type)	FM Ser	HNSON N	LD. 22e ADDRE	55 LA/	CATA,	md.	
	OSP e 4 UNE crtor ruld	230	BURIAL, CREMATION,	23b DATE	23c NAME OF CEME	TERY OR CREMATORY	23d.	LOCATION (City or Town)	(County)	(State)
	Page O FUN direct shaul	/	REMOVAL (Specify)	12.22.67		2191 8 48 427	1,	dunglou	D.C.	10.01
	<b>— —</b>	24	FUNERAL DIRECTOR	_ 1/1	ADDRESS	-, / /	Sa. REC'D BY REG!	STRAR 256 REGISTR	AR S SIGNATURE	
	VR A15 (4) 30M REV. 1768	1	1 moite /	111 my 1 / //	1000 K: 1010	Nr. 1. (14)	DATE JAN	2 1968 2	Exemple ()	de 2



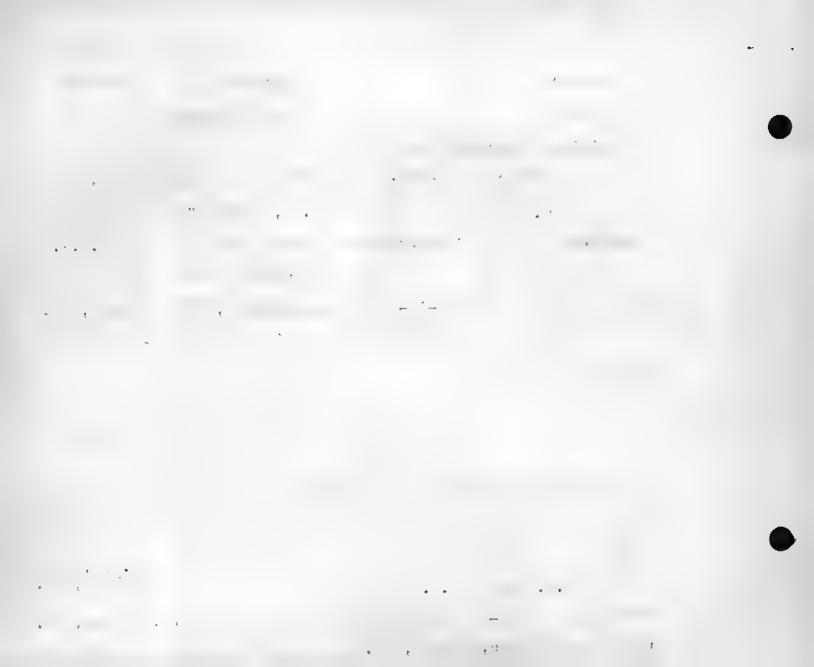
DEPARTMENT OF HEALTH

THE METERS

7	į	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		16875 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEATTH DEPT.	1	PLACE OF DEATH COUNTY (In astrution Response of ore odmission)  O. COUNTY (In astrution Response odmission)  O. STATE (In astrution Response odmission)
PM3 Pg	/	b CITY OR TOWN (If outside corporate I mits,  c LENCTOF SAY III ib  c CITY OR TOWN (If outside corporate limits, write RURAL one give nearest town)  A Company of the corporate limits, write RURAL one give nearest town)
T-E GE		d NAME OF HOSPITAL OR NSTITUTION (If not in hosp tol, give street address)  d STREET ADDRESS  e IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
9 도 표 대		NAME OF DECEASED (Type or print) / HOM PES HILLER V GRAY OF DEATH 2 2 4 1967
rs after d 18. Give e olang v 2 with the	S	SEX  G COLOR OR RACE  MARRIED  NEVER MARRIED  B DATE OF BIRTH  9 AGE (n years jost birthday)  WIDOWED  DIVORCED  DIVORCED  B DATE OF BIRTH  9 AGE (n years jost birthday)  Months  Doys Hours  Min
1.24 haurs in Item 18 er's Office ges land 2 v	dar	SUM OCCUPATION (Give kind of work done 106 K ND OF BUSINESS OR 11 BIRTHPLACE (Stategor, foreign country) 12 CITIZEN OF WHAT COUNTRY?
I within 24 in pencil in Exam ner's Frle pages and in any	13	There have the thought when have Washing thou
executed v Medical Ex t permit Fi emoval, an		was Dict as to Feer In U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT SECURITY NO. 17 INFORMAT SECURITY NO. 17 INF
be executed "pending" "net Medical ansit permit or removal,	t	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) on (c)  PART 1. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (o)  IMMEDIATE CAUSE (o)
ate shauld be e g the ward "pen ed to the Chief A o burial-transit cremation, or re		Conditions, if ony, which gove )  (b)
certificate shauld writing the ward irwarded to the Cl used as a burial-tre burial, cremation,		rise to immediate couse (a). stating the underlying couse lost (c)
s certificate shauld be executed within 24 e, writing the ward "pemd ng" in pencil in farwarded to the Chief Medical Examiner's used as a burial-transit permit File pages burial, crematian, or removal, and in any	NO 1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19 WAS ALTOPSY PERFORMED?  YES NO
INER: This e e certificate, should be fa files. 3 shauld be u 3 shauld be u	CERT.FICAT	2Do EXTERNAL CAUSE WAS PRIMARY OCCURRED. (Enter noture of injury in Port II of Nem 18) PRIMARY or CONTRIBUTING CONTRIBUTING CONTRIBUTION
	MEDICAL	2Dc I.ME OF INJURY Month, Day, Year Hour o.m. pm. 19 2Dd INJURY OCCURRED While of work
AL EXA EXA EXECUTE  To Page far yal OR: Page		21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [4], Inquiry [4], and in my opinion
MEDICAL EXP pleane execute I director. Page retained for you L DIRECTOR: Page its designated of		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner   ACTUAL SIGNATURE
ury, ary, be be ar i		SIGNATURE  M.D. ASSISTAN' MEDICAL EXAMINER L  EXAMINER'S  NAME (Type)  Address (Street, city, town, or county)  Address (Street, city, town, or county)
TO DEP ==censor the fur 5 may TO FUNE	230	(SURIA_TREMATION, REMOVAL (Specify) 12-27-67 DEMONSTRATED TO CREMATORY 23d LOCATION (City or Town), (Country) (Store) Indian Head Charles Will
VR A15ME(S)	24	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16878 10864 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) delay is ond 3 to o COUNTY b. COUNTY Charles Charles MARYLAND Marvland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (tf outside corporate limits, write RURAL and give nearest town) r LENGTH OF STAY IN 16 White Plains La Plata d NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) e IS RESIDENC d. STREET ADDRESS farm ON A FARM? Item 18. Give Poges 1, Physicians Memorial Hospital YES NO IX Office along with 3. NAME OF Middle 4 DATE Month Dov Year DECEASED (Type or print) OF DEATH December 16. James Edward Hamilton 1967 9 AGE (In years 8 DATE OF BIRTH 6 COLOR OR RACE 7 MARR ED NEVER MARRIED 😿 lost birthdoy) Months Dovs Hours within 72 hours after death W-DOWED. DIVORCED Aug.14, 1914 Male 53 Cau. 1Do JSUAL OCCUPAT ON (Give kind of work done 10h KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working, te even if retired)
Carpenter INDUSTRY COUNTRY? Construction Maryland II.S. d'pending', n pencil in Chief Medical Exomíner's 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME Rov Hamilton Amanda Pickeral File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes at service) 212-14-5036 Roy Hamilton, White Plains, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c).) PART I DEATH WAS CAUSED BY buriol-tronsit event IMMEDIATE CAUSE (o) Word DUE TO Conditions, if ony, which gove use to immediate couse (a), DUE TO stoting the underlying couse 0 PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? emoval. NO T e 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of item 18) 3 should PRIMARY CONTRIBUTING CONTRIBUTI CAUSE OF DEATH 2Dd INJURY OCCURRED 20e PLACE OF NJURY [Home, form, 2Df (City or town) (Stote) 2Dc TIME OF INJURY Month, Doy, Year Not While Hour o.m foctory, street, office bldg. etc.) FUNERAL DIRECTOR: Page ot work Inspection Inquiry ond n my opinion 21. I certify that I took charge of the remains described above held an Autopsy Undetermined monner death resulted from Suicide Hamicide director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAM NER prior SIGNATURE Dec. 16, 1967 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street city town or county) La Plata, Md. Health Edelen\_M.D. NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) 230 BUR AT CREMATION (Stote) 500 Burial Spetify) 12-18-67 Oakland Cemetery Waldorf, Charles 24 FUNERAL DIRECTOR VR A15ME (5) Huntt Funeral Home, Waldorf, Md. 6M 1/67 DATE



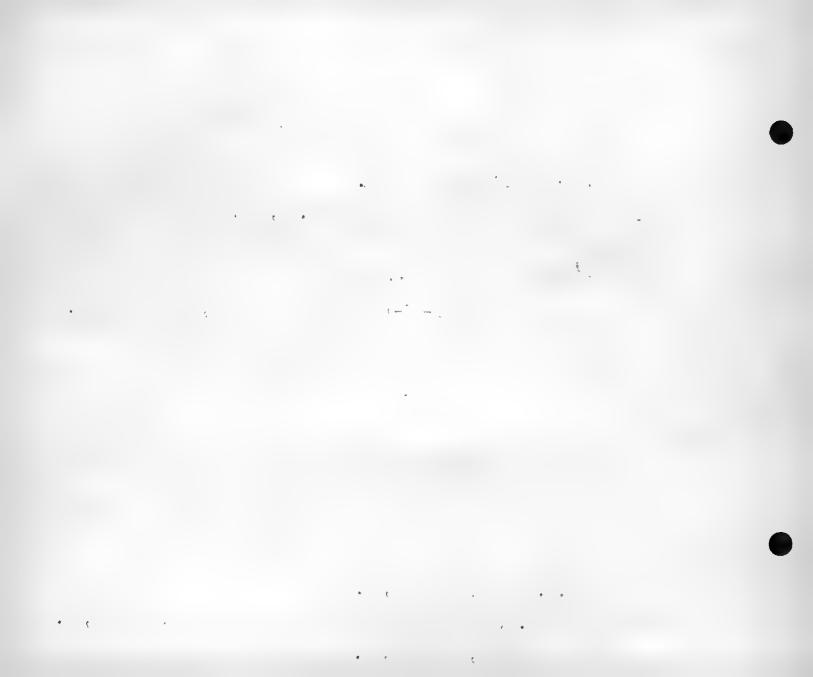
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission p. COUNTY D. STATE **b** COUNTY Charles MARYLAND b CTY OR TOWN (if autside carparate mits, write RURA) and give nearest tawn) c LENGTH DE STAY IN 16 c CITY DR TDWN (If autside carparate limits, write RURAL and give nearest tawn) 2, ond PM3 F D.O.A. La Plata IS RESIDENCE ON A FARM? d NAME OF HDSPITAL DR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS in Item 18. Give Pages 1, Adurs alang with farm Physicans Memorial Hospital YES 🔲 NO after death NAME OF First 4 DATE Manth Day Year DECEASED 0F LYDIA within DEATH (Type or print) S. SEX IF UNDER 24 HRS AGE ( n years IF UNDER 7 MARRIED NEVER MARRIED Months clast bythday) WIDOWED DIVDRCED 24 hours event 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY ? Balto., Md. n any pencel 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate should be executed within Wm. S. Steinzcker Elizabeth Heisler and 15 WAS DECEASED EVER IN U. 5 ARMED FORCES? INFORMANT 16 SOC AL SECURITY NO (Yes, na, or unknown) ( I yes give war or dates of service 'pending" ar remayal. I't. Lauderdale, Fla th Terrace 18 CAUSE OF DEATH (Enter on y one cause per ling burnol-transit PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) e, writing the ward forwarded to the Cl burial, crematian, DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? NO YES please execute the certificate. Health or its designated agent, priar to 20a. EXTERNAL CAUSE WAS PRIMARY IN OUR CONTRIBUTING I 20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I at Part I af Item 18.) CAUSE OF DEATH (State) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, Not While FUNERAL DIRECTOR: Page at work 21. I certify that I taak charge of the remains described above, held an Autapsy \(\preceq\), Inspection Inquiry and in my apinion death resulted from: Undetermined manner funeral directar. Accident . Homicide | Natural causes Suicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Edelen, M.D. La Plata, Medicas (Street, city, town, or county) **EXAMINER'S** NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMAT DN. 23b DATE THEREDE 23d. LD CATION (City or Town) 400 REMOVAL (Specify) Loudon Fark Cem. Bal timore, Md. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR D. - 4101 Edmondson Av. VR A15ME (5) DEC



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16878 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEAM 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o STATE b. COUNTY MARYLAND Maryland Charles c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN I Leutside corporate im ts c LENGTH OF STAY IN 16 ond PM3 d STREET ADDRESS e IS RES DENCE ON A FARM? (AL OR INSTITUTION (If not in hospital, give street address) farm Give Pages YES FIR NO [ 3 NAME OF Month DATE DECEASED (Type or print) Charles Elizha Hudson Jr. OF DEATH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH (In years birthdoy) Months Dec.25.1 in any event within 72 haurs after death. Male Negro WIDOWED 100 USUAL OCCUPATION (Give kind of work done during most of working if e, even if retired)

Waterman 10b KIND OF BUSINESS OR 2 CITIZEN OF WHAT INDUSTRY New Jersey 14 MOTHER'S MAIDEN NAME Josephine Campbell 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes\_no, or unknown) (If yes give wor or dates of service Ida Mae Thomas, Rock Point, Md. Yes 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), DUE TO stoting the underlying couse PART II OTHER S GNIFICANT CONDITIONS CONTR BUT NO DEATH BUT NOT RELATED TO THE TERM DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPS'
PERFORMED? NO 200 EXTERNAL CAUSE WAS PR MARY TO OF CONTRIBUTING CAUSE OF DEATH TIME OF INJURY Month, Day Year for creet off a bldg etc) of work I certify that 1360 Inspection of the remains described above, held an Autopsy Accident death resulted from: Su cide Undetermined manner ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S .Edelen La Plata Md. Address (Street city town, or county) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 0 Burial Specify Newburg, Charles, Md.

25b REGISTRAR S SIGNATURE Shiloh Methodist Dec. 9.1967 250 REC D BY REG STRAR 24 FUNERAL DIRECTOR VR A 15ME (6) DATDEC 7 Berry Funeral Home , Pomonkey, Md. Menuley Indas



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16873 CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) b. COUNTY a. COUNTY MARYLAND The law requires that the death certificate be executed within 24 haurs after CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) NO C 3 NAME OF Middle 4 DATE Month Dov Year and campletery DECEASED (Type or print) 19 (01 DEATH S SEX 6 COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS. **NEVER MARRIED** 7. MARRIED lost birthdoy) Davs burial, crematian, ar remaval, an I in any WIDOWED DIVORCED IDO USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10h KIND OF BUSINESS OR 12 CITIZEN OF WHAT 13 BIRTHPLACE (County & State, or foreign country) INDISSTRY COUNTRY? New Hampshire
14. MOTHER'S MAIDEN NAME none J3. FATHER S NAME Edwin Stevens Lucy Smith IS. WAS DECEASED EVER IN L. S. ARMED FORCES? Mrs. James McCallum 16 SOCIAL SECURITY NO. Address burial-transit permit. (Yes no, or unknown) ((If yes give wor or dates of service) Avenue C. New York City CAUSE OF DEATH (Enter only one couse per line fer-(o), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if only which gove rise to immediate cause (a). DUE TO stoting the underlying couse this certificate has been be detached far use as the State Dept. of Health priar to WAS AUTOPSY PERFORMED? PART II), OTHER SIGNIFICANT CONDITIONS CONTRIBUTING #6 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO F 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED (City or town) (County) (Stote) factory, street, office bldg . etc.) Not While ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. director, page 3 should should be filed with the and that death occurred at ZiNeM, from causes and on the date stated above saw the deceased alive an 22o SIGNATURE DATE SIGNED ATTENDING MED. "DIRECTOR M.D. PHYS 22 PHYSICIAN" 22d ADDRESS NAME (Type) 230 SURIAL, CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Ded. 15, 1967 Crematory Washington, D.C Lee 2Sb REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Archart Funeral Home Inc., La Plata, Md. DATE DEC Milante

. , , . ~ ~

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, papers. Pages, L and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72/hours after death. TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH 

1	1. PLACE OF BEATH   a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, It Institution: Residence before admission)
1	Charles MARYLAND	a. STATE LOCAL B. COUNTY MAP YLAND
1	b. CITY DR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b write RURAL and give/nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
H	write RURAL and give/nearest town)	Andran inter
ł	d. NAME OF HOSPITAL OR'INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
1	Dala . 112 . 1 11 1.1.	ON A FARM?
١	MYSICIAN MENORIAL HOSPITAL	LA PLAHAU MACK YES NO L
4	/3. NAME OF First Middle	Last 4. DATE Month Day Year
ı	(Type or print) MARY ESTELLA MG	1// news   DEATH /2 - // 1967
1	The state of the s	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
1		3/4/904 63 yrs.
ļ	10a. USUAL DCCUPATION (Give Kind of workdone during most of working life, even if retired) INDUSTRY	A1. BIRTWPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
-1	House Wife	MARBURI Md US.A.
ı	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	John Matthews	MARI Shelton
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFDRMANT Address /
	AC	anes Smith Risgah Md
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Oliver Kilo Deritt
1	DUE TD 1	11 0-
	Conditions, if any, which ) (h)	on of apry.
-	gave rise to immediate cause (a), stating the DUE TO	. 0 -
	underlying cause last. (c) July, Cult	molloses
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES ND
	20a. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCU	PRRED. (Enter nature of injury in Part I or Part II of Item 18.)
	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   2De. PLA	CE OF INJURY (Home, farm,   2Df. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAN	ry, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	12 7 19 6, to 1 11 19 6, that (I) (Ave) last
		death occurred at (1. 22 M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE SIGNED
	I lating he history , me	ATTENDING MED. STAFF DIRECTOR PHYS. D 1-1467
Ł	22c. PHYSICIAN'S	1 22d. ADDRESS A
	NAME (Type) ARTIRO M. MUTEIR	a LA MARA MA
	238. (BURIAL GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	(1)	7 · · · · · · · · · · · · · · · · · · ·
	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	B. July S. Klan	DEC 20. 1967 Clearles Judges
	1017-161 VIVIULIU TO 100 100 11 11 11 11 11 11 11 11 11 11 1	A CONTRACTOR OF THE PROPERTY O

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH physicion and completely filled in by the fuggio a. COUNTY a. STATE b. COUNTY Charles Maryland MARYLAND Charles c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (if outside corporate limits, ¿ LENGTH OF STAY IN 16 write RURAL and give nearest town)
La Plata Bryans Road d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Physicians Memorial Hospital NO F NAME OF Middle / Lost DATE Month Day Year DECEASED OF (Type or print) DEATH IF JNDER 24 HRS S SEX 9. AGE (In years 6 COLOR OR RACE MEVER MARRIED DATE OF BIRTH Manths iast birthday) Davs Haurs WIDOWED DIVORCED Tog ESUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY AUTO 14 MOTHER'S MAIDEN NAM 13 FATHER'S NAME INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, er unknown). If If was give war at dates of service 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise ta immediate cause (a), **DUE TO** stating the underlying cause the the hos been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MUFLUENZA. NO O FUNERAL DIRECTOR: After this certificate ū 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II af item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form. (Gity or town) (County) (State) 20c, TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While at wark at work L 196 (that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram 19 Ca ( to \_\_ and that death occurred at \$1.50 M, from causes and on the dote stated obave. saw the deceased alive an 22a. SIGNATURE 22b \_DATE SIGNED ATTENDING MED DIRECTOR M.D. PHYS 22d. ADDRESS 22c PHYSICIAN NAME (Type) direct∎r, should 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, 23b DATE THEREOF (County) PEMOYAL (Specify) MEM. GARDENS VALDORF, CHARLES REGISTRAR S SIGNATURE



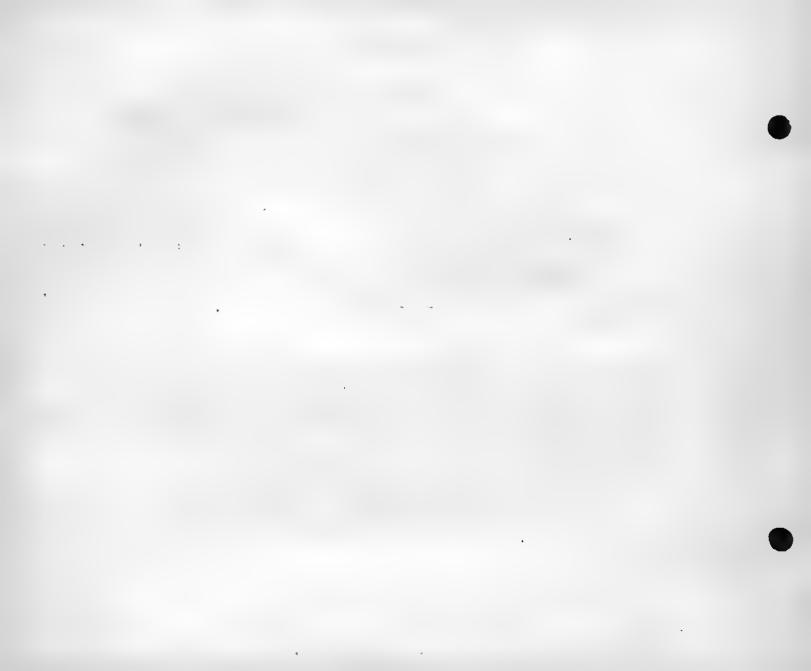
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16883 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY o STATE Page 0 c JENGTH OF STAY IN c CITY OR TOWN write RURAL and give nearest town) and 2, and PM3 Depar <del>\_</del>± d STREET ADDRESS IS RESIDENCE ON A FARM? haurs YES NO P ote DATE n 72 Lost Doy Year DECEASED DEATH with S. SEX F UNDER 1 YEAR IF UNDER #4 HRS 9. AGE (In Veors NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED event and IDo USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working te, even if retired) COUNTRY USSIA ESTATE any pages In any 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME pentil be executed with HERSHA and 17. INFORMANT 16. SOCIAL SECURITY NO. remayal, (Yes no, or, unknown) (If yes give wor or dates of service 705-18 Sr., N.W. 18. CAUSE OF DEATH (Enter only one cause per line for a), PART I DEATH WAS CAUSED BY ö IMMEDIATE CAUSE (o) 4201 certificate should cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse forwarded lost bur'al, PART II, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO p YES pe 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) prid PRIMARY OF CONTRIBUTING shauld CAUSE OF DEATH. 20e, PLACE OF INJURY (Home, form, 20c. T.ME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or fown) (County) (Stote) Not While foctory, street, office bldg., etc ) of work designated took charge of the remains described above, held on Autopsy ..... Inspection Z 21. I certify that√ the funeral directar. deoth resulted from Natural causes Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. EXAMINER'S O FUNE Health Address (Street, city, town, or county) 23b. DATE THEREO DEC 1 5 VR A15ME (5) 6M 1/66



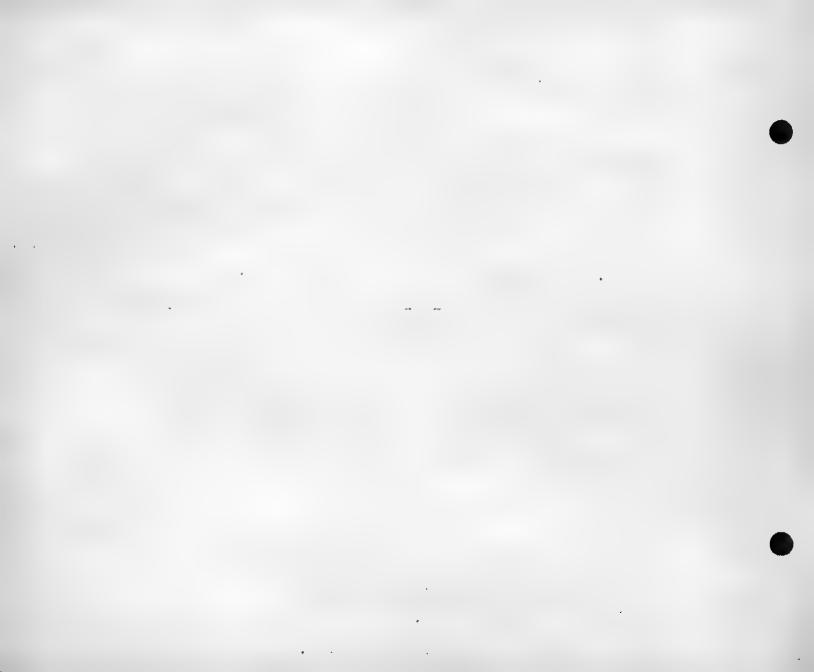
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1688 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Remarks before admission) the funera o COUNTY b. COUNTY o. STATE MARYLAND write RURAL one give secrest town) Y OR JOWN (if outside corporate lights C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate i m.) and give nearest tow the attending physician and campletely filled in by IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address, d. STREET ADDRESS YES 🔲 NO Middle hen please remave carban 3. NAME OF DATE Month DECEASED (Type or print) DEATH SF LINDER YEAR IF UNDER 24 HRS S. SEX DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Months Dovs Hours crematian, ar remaval, and in any WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 10a JSUAL OCCUPATION (Give kind of work done INDUSTRY **CQUNTRY?** 14. MOTHER'S MAIDEN NAME FATHER'S NAMI INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? C066 permit. (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per time to GNSET GHO, DEAT TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) physician. DHF TO burial, Conditions, if any, which gove rise to immediate couse (a). DUE TO far use as the l f Health priar to b stoting the underlying couse Page 4 may be retained by the haspital ar attending lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? NO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18 ) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH th the State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or fown) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour om. foctory, street, office bldg., etc.) Not While of work 21. 1 certify that (1) (this hospital) attended the deceased from and that death occurred ata \_M, fram causes and on the date stated above saw the deceased ative of 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** DIRECTOR PHYS M.D. PHYS. ed bode 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typie) directar, LOCATION (City or Town) (Stote) 220 BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY (County) REMOVAL (Specify 260. REC'D BY REGISTRAR FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR A15 20 M 1/66



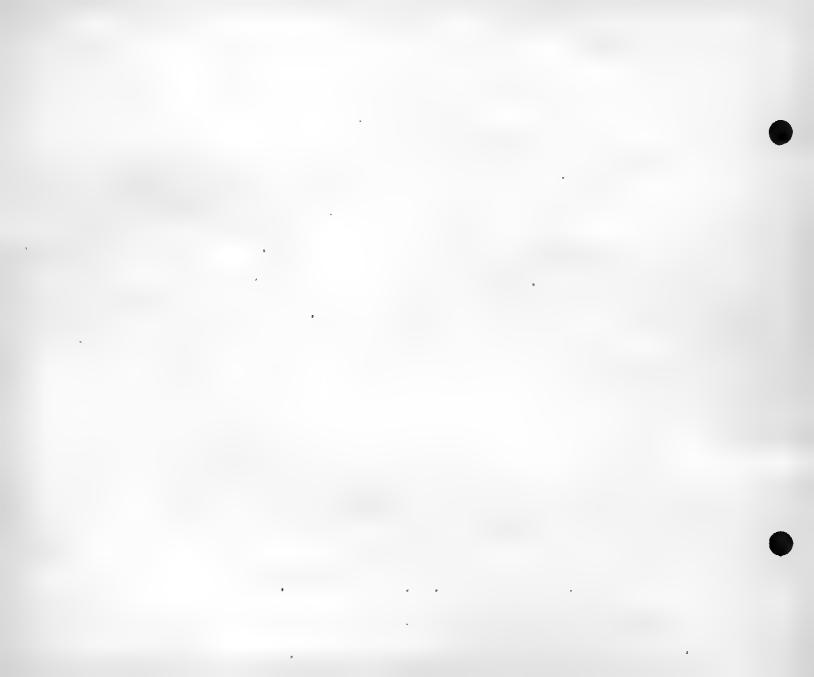
احسسيباب		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
* ·	2	CERTIFICATE OF DEATH
er death	Tunerol 1 and er death	1. PLACE OF DEATH  o. COUNTY Charles  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  o STATE Maryland b. COUNTY Charles
urs afte	the fu	b. (ITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)  write RURAL and progress town)  C. CITY OR TOWN (If autside corporate limits, write RURAL and give necrest town)  Dentsville (Rural)
24 ho		d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress)  Physicans Memorial Hospital  d. STREET ADDRESS  e is residence ON **FARM? YES **TO IT!
within	carban carban ant, with	3 NAME OF First Middle Lost 4 DATE Month Day Year DECEASED (Type or print) JAMES EDGAR STONES TREAT DEATH 12 25 1967
xecutec	eve eve	S SEX M 6 COLOR OR RACE 7. MARRIED NEVER MARRIED   8 DATE OF BIRTH March 1, 1902 69 birthday) WIDOWED DIVORCED March 1, 1902 69 birthday) Windows Doys Hours Min
te be e	5	100 USUA. OCCUPATION (Give kind of work done during most etworking life, even if retired)  Farmer  10b KIND OF BUSINESS OR Farmer  11. BIRTHPLACE (County & Stote, or foreign country)  Gallent Green, Md.  12. CITIZEN OF WHAT  COUNTRY S. A.
certifico	physical phy	Nicholas Stonestreet
deoth	ottending permit. T ion, or ren	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Jinknown) (If yes give wor at dotes of service) 220-22-8030 Marguerite B. Stonestreet -Wife
The law requires that the deoth certificate be executed within 24 hours after death ottending physician.	signed by the ottending physi burial-tronsit permit. Then p burial, cremation, or remaval,	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) 20nd (b)  PART I DEATH WAS CAUSE BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove is to immediate couse (o),  (b)  ONET AND DEATH  Canclinous actual and divided 5 years  (b)
t: The law red		stoting the underlying cause   DUE TO   CITCLE   GOVERNMENT   DOST.   CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)   19 WAS AUTOPSY PERFORMED?
PHYSICIAN: Te hospital or	certificate hos been hed for use os the ot. of Health prior to	PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  PERFORMED? YES NO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
<b>2</b> a d	this etac Deg	20c. TIME OF INJURY Month, Doy, Year Hour a.m.  p.m.  19  20d. INJURY OCCURRED While of work o
OR ATTENDING	a	21. I certify that (I) (this haspital) attended the deceased from (1) (we) la saw the deceased alive an 12 2 19 6, and that death occurred at M, from causes and on the date stated above 220. SIGNATURE 122b. DATE SIGNED
L OR ATTENI	IO FUNERAL DIRECTOR: director, page 3 should should be filed with the	220. SIGNATURE  M.D ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR D
O HOSPITAL Poge 4 may	O FUNERAL DIRI director, poge 3 should be filed \	NAME (Type)  F. J. O. H. S. COVING TO PLOT TO PLOT TO PLOT TOWN)  230 BUR AL CREMATION, 23b. DATE THEREOF 23c NAME OF CREMETERY OR CREMATORY  23d LOCATION (City or Town) (County) (Stote)
TO HOS	<b>5</b>	BUY 1821 12/28/1967 Trinity Church Cemetery Newport, Maryland  24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 2 25b REGISTRAR'S SIGNATURE
	R A15 (4)	Arehart Funeral Home, IncLa Plata, Md. DATEDEC 28 1967



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth. by the funeral Pages 1 and 2 24 hours ofter death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY **b.** COUNTY Charles Maryland Charles MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and over nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 La Plata d NAME OF HOSP TAL OR INSTITUTION (If not in hospitor, give street address) d. STREET ADDRESS ON A FARM? Physicans Memorial Hospital YES 🗍 NO requires that the death certificate be executed within Middle NAME OF DATE Month DECEASED OF DEATH S. SEX 6 COLOR OR RACE DATE OF BIRTH (In years 7 MARRIED NEVER MARRIED buthdoy) Female June 24, 1911 White WIDOWED DIVORCED 1). BIRTHPLACE (County & State or foreign country) 10s JSUAL OCCUPAT ON (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT durang most of working life, even if retired) Charles County. Mary Employed 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Leigh Edelen Marguerite Willett AddressLa Plata, Md. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, po, or unknown) (If yes give wor or dates of service) 213-22-0182 Mrs. Betty Johnson-Daughter 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burial-tronsit ONSET AND DEATH OF THE DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been stoting the underlying couse the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS)
PERFORMED? for use YES IX NO 20o ACCIDENT WAS UNDERLYING I 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (State) factory, street, office bldg . etc.) Not While 2). I certify that (1) (this haspital) attended the deceased fram 8 7, 1967, to 7, 1967, that (1) (we) last saw the deceased alive an 12 - 2/ 1967, and that death accurred at 6 2 M, fram causes and an the date stated above saw the deceased alive an 12 - 2/ 22b. DATE SIGNED 220 SIGNATURE ATTENDING M.D. PHYS. 22d ADDRESS 22c PHYSICIAN'S NAME (Type) director, 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23d LOCATION (City or Town) (County) (Stote) BEMOVAL Specify) St. Joseph's Cemetery Pomfret Maryland 25o. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Funeral Home, Inc.-La Plata, Md. DATENFO 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 76885 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 1879 FOR STATE HEALTH DEPT PLACE OF DEATHS USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a COUNTY o STATE b. COUNTY Charles Maryland MARY, AND c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate imits, write RURAL and a veinearest tawn) write RLRAL and give nearest town)
La Plata D.O.A. Nanjemoy d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? Smith Point Road Physicans Memorial Hospital NO X n Item 18. Give Pages word "pending" in pencil in Item 18. Give Pag the Chief Medical Examiner's Office along with 3 NAME OF DECEASED OF DEATH (Type or print) S SEX 7 MARR ED NEVER MARRIED DATE OF BIRTH AGE Un years TE LINDER 1 YEAR of birthday) in ony event within 72 hours ofter deoth. WIDOWED DIVORCED 10a USUAL OCCUPAT ON (Give kind of work done Mate or fareign country 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Truck Briver -Retired Tenn, 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Daisey Lister Wagner John H. 16 SOCAL SECURITY NO 17 INFORMANT Box 128 ddr As Route (Yes, na, ar unknown) (fiyes give war ar dates of service Mrs. Dorothy Wagner-Wife-Nanjemoy, Md Unkown Nο 18 CAUSE OF DEATH (Enter any one cause per line, PART I DEATH WAS CAUSED BY checkent IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gove (b) certificate, writing the rise ta immediate cause (a), DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? or removol, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 20a EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 3 should PRIMARY CONTRIBUTING CALISE OF DEATH cremotion, 20f (City ar town) 20c TIME OF INJURY Month, Day Year 20d N. JRY OCCURRED 20e PLACE OF INJURY (Hame, farm (County) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While FUNERAL DIRECTOR: Poge at work nspection K 21 I certify that Ltook charge of the remains described above, held an Autapsy ... Inquiry X and in my apin an National couses Accident Suicide Hamicide Undetermined manner death resulted from CHIEF MEDICAL EXAMINER Health prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER La Plata, Notions (Street, city town, or county) Edelen , 23c NAME OF LEMETERY OR CREMATORY 23b DATE THEREOF 23d LCCATION (City or Town) 12/5/1967 St. Ignatius Cemetery Hill Top, Maryland 24 FLNERAL DIRECTOR 2Sq REC D BY REGISTRAR 25b REG STRAR S SIGNATUR VR A15ME 1967 Arehart Funeral Home, Inc.-La Plata, Md. DATE DEC 7



1	Item 20 Film 396 12-18-MARYLAND STATE DEPARTMENT OF HEALTH 12-18-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	16883 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH O. COUNTY Charles  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) O. STATE Maryland  3. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)  6. COUNTY Prince George  AMARYLAND
delay i	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
PM3 P	LaPlata Hill Crest Hrights /4
- E - 10	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
State Control	LaPlata Memo. Hospital 2418 Iverson St. YES NO
是 * B · B	3. NAME OF DECEASED (Type of Print) Plear Middle Williams DEATH 12 6 719
on 18. Gree alance alan	S. SEX
EXAMINER: This certificate shauld be executed within 24 haurs after death. ecute the certificate, writing the ward "pending" in pencil in Item 18. Give Page Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with a yaur files.  R:Page 3 shauld be used as a burial-transit permit. File pages land 2 with the Staff, crematian, ar remayal, and in any event within 72 haurs after death.	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country)  11c. CITIZEN OF WHAT COUNTRY?  Md.  11d. BIRTHPLACE (State or foreign country)  INDUSTRY  U.S.
hin ncil nine pag	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  The Residual Parabolana
will be Exar	George Knott Ida R. Barber  IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
xecuted without and the secuted with the secure of the secure of the secure of the security of	(fes, no, or unknown) (If yes give wor or dofes of service)  John Simms
shauld b≡ zx he ward "pend to the Chief Me burial-transit pu n any event wi	18 CAUSE OF DEATH (Enter only one couse per line for (b), one (c))  PART I. DEATH WAS CAUSED BY:  SIGN OF DEATH (Enter only one couse per line for (b), one (c))  RECAUSE OF DEATH (Enter only one couse per line for (b), one (c))  RECAUSE OF DEATH (Enter only one couse per line for (b), one (c))  RECAUSE OF DEATH (Enter only one couse per line for (b), one (c))  RECAUSE OF DEATH (Enter only one couse per line for (b), one (c))  RECAUSE OF DEATH (Enter only one couse per line for (b), one (c))  RECAUSE OF DEATH (Enter only one couse per line for (b), one (c))  RECAUSE OF DEATH (Enter only one couse per line for (b), one (c))  RECAUSE OF DEATH (Enter only one couse per line for (b), one (c))  RECAUSE OF DEATH (Enter only one couse per line for (b), one (c))  RECAUSE OF DEATH (Enter only one couse per line for (b), one (c))  RECAUSE OF DEATH (Enter only one couse per line for (b), one (c))  RECAUSE OF DEATH (Enter only one couse per line for (c))  RECAUSE OF DEATH (Enter only one couse per line for (c))  RECAUSE OF DEATH (Enter only one couse per line for (c))  RECAUSE OF DEATH (Enter only one couse per line for (c))  RECAUSE OF DEATH (Enter only one couse per line for (c))  RECAUSE OF DEATH (Enter only one couse per line for (c))  RECAUSE OF DEATH (Enter only one couse per line for (c))  RECAUSE OF DEATH (Enter only one couse per line for (c))  RECAUSE OF DEATH (Enter only one couse per line for (c))  RECAUSE OF DEATH (Enter only one couse per line for (c))  RECAUSE OF DEATH (Enter only one couse per line for (c))  RECAUSE OF DEATH (Enter only one couse per line for (c))  RECAUSE OF DEATH (Enter only one couse per line for (c))  RECAUSE OF DEATH (Enter only one couse per line for (c))  RECAUSE OF DEATH (Enter only one couse per line for (c))  RECAUSE OF DEATH (Enter only one couse per line for (c))  RECAUSE OF DEATH (Enter only one couse per line for (c))  RECAUSE OF DEATH (Enter only one couse per line for (c))  RECAUSE OF DEATH (Enter only one couse per line for (c))  RECAUSE OF DEATH (Enter only one couse per li
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ficate ing the ided 1 ded 1 as a	stoting the underlying couse lost. (c)
rtifii raitiin vard ad a	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICAN
e, w farv	PERFORMED? YES \ NO \
E	200. EXTERNAL CAUSE WAS PRIMARY DOOR CONTRIBUTING   CHURCH SURVEY OF COLUMN SURVEY OF COLUM
AL EXAMINER: execute the certion. Tr. Page 4 shauld for your files. TOR: Page 3 shau rial, cremation, a	2 Or TIME OF INHIPV Month Day Year 2nd INHIV OCCHEPED 2 On PLACE OF INHIRY (Home form 201 (City or Inwn) (County) (Stote)
AI EXAMIR execute the r. Page 4 sh I far your fil rOR: Page 3:	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2 20e. PLACE OF INJURY (Home, form, 4:30 p.m. 12 3 19 67 of work of
EX.	21. I certify that I tack sharpe of the remains described obave held on Autopsy , Inspection , Inquity , and in my apinio
se exelector. Predictor. Predictor. Predictor. Predictor. Predictor. Punid.	death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined manner
MEDI please direct retaine DIREC	CHIEF MEDICAL EXAMINER
Y Y N	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER
D DEPUTY MENTAL EXAM necessary, please execute the funeral director. Page 45 may be retained far yaur 5 FUNERAL DIRECTOR: Page Health priar to burial, crema	EXAMINER'S NAME (Type)  DEPUTY MEDICAL EXAMINER LANGUAGE Address (Street, city, town, or county)  12/3/6 7
D E D E D E D E D E D E D E D E D E D E	230. BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
=	Burial 12-7-67 Mt. Olivet Cemetery Washington, D.C.
VR ATSME (S	24. FUNERAL DIRECTOR  Lee Funeral Home Washington, D.C.  ADDRESS  250. RECT BY REGISTRAR 25B. REGISTRAR'S SIGNATURE  ADDRESS  ADD
6M 1/67	Lee Funeral Home Washington, D.C. DEC 8 1967 Charles Judge.

Two for 1 certificate Film #G397 1/25/68 ph

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16881 death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND requires that the death certificate be executed within 24 hours after outside corporate limits, write RURAL and give nearest town) b. CITY-68 TOWN (If outside corporate limits, water RURAL and give nearest/lown) c. LENGTH OF STAY IN 16 c. CITY OR IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? URAL 3. NAME OF First DATE Month DECEASED and complete DEATH (Type or print) (In years COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE IF UNDER 1 YEAR remove fust birthdoy) Months Hours Dovs WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pleose 14. MOTHER'S MAIDEN NAM 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? J6. SOCIAL SECURITY NO. INFORMANT (Yes, po, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) signed by the buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES 5 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this hospital) attended the dereased fram and that death occurred at M. from causes and on the date stated above saw the deceosed play 22b. DATE SIGNED 22o. SIGNATURE ATTENDING DIRECTOR M.D. PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Poge 4 moy director, po NAME (Type) ano 23 MAME OF CEMETERY OR CREMATORY 23d\_LOCATION (City or Town) (Stote) 23g-BURIAL, CREMATION, 23b. DATE THEREOF (Cognty) and 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Mingella DATE DEC 20 M 1/66

